

**Virginia Department of Education
Division of Special Education and Student Services
Office of Dispute Resolution and Administrative Services
P. O. Box 2120
Richmond, Virginia 23218-2120
(804) 225-2013**

**SPECIAL EDUCATION COMPLAINT FORM
(Please type or write legibly. Sign and date)**

1. Name: _____
Address: _____
Telephone Numbers: Home () _____ Office () _____
2. Email: _____
3. Name of Student: _____ School: _____
City/County School Division: _____
4. Relationship to student: ☐ Parent ☐ Citizen ☐ Attorney ☐ Advocate
5. Subject(s) the Complaint Involves: (Please include the disability area involved, and give a brief summary of what you allege to be the violation(s) of the special education regulations):

6. List persons you have already talked with to resolve this complaint, and their response to your request.

7. Provide the details of the complaint here. Use additional sheets, if needed. Please number specific areas of concern, if you can. Include dates, where available.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

Details of the Complaint (continued):

[illegible]

Signature

Date _____